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Commonwealth of Massachusetts  
**Division of Professional Licensure**  
**Board of Registration of Massage Therapy**  
239 Causeway Street • Boston • Massachusetts • 02114

DANIEL C. CRANE  
UNDERSECRETARY, OFFICE OF  
CONSUMER AFFAIRS & BUSINESS  
REGULATION

GEORGE K. WEBER  
DIRECTOR, DIVISION OF  
PROFESSIONAL LICENSURE

**CERTIFICATION OF STANDING REQUEST**

Instructions:

1. Applicant – Complete upper portion of form and forward to each jurisdiction where you have held any professional license or certification. (This form may be photocopied if necessary).

2. The licensing agency is to complete the lower portion of this form and submit it either to the applicant in a sealed envelope or mail directly to the Commonwealth of Massachusetts Board of Registration of Massage Therapy at the address listed above in an envelope with the agency's return address printed on it.

THIS FORM WILL NOT BE ACCEPTED IF THE ENVELOPE HAS BEEN OPENED OR IF IT APPEARS THE APPLICANT HAS WRITTEN IN THE LOWER PORTION OF THE FORM.

**To be completed by Applicant.**

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Type of License Granted	_____ License #	_____ Date Issued	

I authorize the release of all pertinent information, favorable or otherwise, to the Commonwealth of Massachusetts Board of Registration of Massage Therapy.

_____ Signature of Applicant	_____ Date of Request
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**To be completed by licensing agency only. Applicant should not write below this point.**

This is to certify that the above named individual was issued license number: \_\_\_\_\_  
Title of Applicant's License: \_\_\_\_\_ Date License Issued: \_\_\_\_\_  
Lapsed/Expired on: \_\_\_\_\_ Credential current through: \_\_\_\_\_  
Please answer the following questions. If the answer to any question is YES, explain on the reverse side of this form or attach appropriate documentation supporting your answer.  
1. Has the applicant's credential ever been suspended or revoked? ☐ Yes ☐ No  
2. Are there any complaints and/or disciplinary action taken or pending against this applicant? ☐ Yes ☐ No  
3. Does this credential have any restrictions or limitations on it? ☐ Yes ☐ No

Signature of Official: _____	Date: _____
Printed Name of Official: _____	
Official Title: _____	Agency Seal
Licensing Agency Name: _____	
Mailing Address: _____	
City: _____ State: _____ Zip Code: _____	
Phone Number: _____	

